

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036447

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9314**

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

2

0

2

0

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

1

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED OCT 3 1962**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **ST. LOUIS, MO**

Length of stay in lb  
**4 Days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1.**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**2129 Forest Ave.**

Inside Limits  
Yes ☒ No ☐

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

**GEORGE**

**A.**

**MC CLUSKY**

**SEPT. 26, 1962**

5. SEX

**Male**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**8-6-1880**

9. AGE (last birthday)

**82**

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**yard Clerk**

10b. KIND OF BUSINESS OR INDUSTRY

**Railroad**

11. BIRTHPLACE (City and state or country)

**Lebanon, Mo.**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**Harry McClusky**

13b. MOTHER'S MAIDEN NAME

**Emma Morris**

14. NAME OF HUSBAND OR WIFE

**Mamie E. McClusky**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) **No**

16. (If yes, give war or dates of service)  
**None**

17. INFORMANT

**Bessie Biswell**

Address

**Above**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

**PULMONARY EDEMA**  
**ARTERIO SCLEROTIC HEART DISEASE**  
**720'0**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**OLD CEREBRAL VASCULAR ACCIDENT**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9/23/62**

**10:25 A**

to **9/26/62**

and last saw her alive on **9/26/62**

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**1515 LAFAYETTE AVE**

22c. DATE SIGNED

**9/26/ 62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**9-29-62**

23c. NAME OF CEMETERY OR CREMATORY

**Resurrection**

23d. LOCATION (City, town, or county)

**St. Louis Co. Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**JAY B. SMITH, Maplewood, Mo.**

25. DATE RECD. BY LOCAL REG.

**SEP 27 1962**

26. REGISTRAR'S SIGNATURE

**Lead Smith. M.D.**

RDZON

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Melvin Bertaux*

Licensed Embalmer No.

*4903*

P. O. Address

*St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.